B22A (Official Form 22A) (Chapter 7) (01/08)

| According to the calculations i | required by | this statement |
|---------------------------------|-------------|----------------|
|---------------------------------|-------------|----------------|

☐ The presumption arises.

■ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Part I. EXCLUSION FOR DISAB | LE | D VETERANS | Al | ND NON-CONS | UMI | ER DEBTO | RS |
|-----|---|--|--|-------------------------------------|---|-------------------------------------|---|------------------------------------|
| 1.4 | If you are a disabled veteran described in the Veter Declaration, (2) check the box for "The presumption VIII. Do not complete any of the remaining parts of | on de | oes not arise" at the | | | | | |
| 1A | □ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). | | | | | | | |
| 1B | If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. | | | | | | | |
| | ☐ Declaration of non-consumer debts. By check | ing | this box, I declare t | hat | my debts are not prin | narily | consumer debt | s. |
| | Part II. CALCULATION OF M | ON | THLY INCO | МE | FOR § 707(b)(7 | 7) EX | KCLUSION | |
| 2 | Marital/filing status. Check the box that applies at a. □ Unmarried. Complete only Column A ("Down to be a column be | e bto of so appl (b)(2 | eparate households licable non-bankrup (2)(A) of the Bankrup on of separate house | Line By otcy otcy optcy | s 3-11. checking this box, d law or my spouse an y Code." Complete o | ebtor d I ar o nly c o | declares under e living apart o olumn A ("Del | ther than for the otor's Income'') |
| | d. Married, filing jointly. Complete both Colu | | | | | Snou | so's Incomo!') | for Lines 3 11 |
| | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | | | | Column A Debtor's Income | | Column B Spouse's Income |
| 3 | Gross wages, salary, tips, bonuses, overtime, con | nmi | ssions. | | | \$ | 2,520.82 | \$ 805.92 |
| 4 | Income from the operation of a business, profess enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate number not enter a number less than zero. Do not include Line b as a deduction in Part V. | f Lir ers | ne 4. If you operate and provide details | on a | ore than one an attachment. Do | | ,- | |
| 4 | | | Debtor | | Spouse | | | |
| | a. Gross receipts | \$ | 0.00 | | 0.00 | | | |
| | b. Ordinary and necessary business expenses | \$ | 0.00 | | 0.00 | | | |
| | c. Business income | Su | btract Line b from | Line | e a | \$ | 0.00 | \$ 0.00 |
| 5 | Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse | | | | | | | |
| 5 | a. Gross receipts | \$ | 0.00 | Φ | Spouse 0.00 | | | |
| | b. Ordinary and necessary operating expenses | \$ | 0.00 | | 0.00 | | | |
| | c. Rent and other real property income | | btract Line b from | | | \$ | 0.00 | \$ 0.00 |
| 6 | Interest, dividends, and royalties. | | | | | \$ | 0.00 | |
| 7 | Pension and retirement income. | | | | | \$ | 0.00 | |
| | | | | | | Ψ | 0.00 | υ.υυ |

| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. | \$ | 0.00 | \$ | 0.00 |
|----|--|-----------|----------|-------|---------------|
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00 | \$ | 0.00 | \$ | 0.00 |
| 10 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse | | | | |
| | a. STATE OF MICHIGAN FOR HOME \$ 0.00 \$ 155.36 HELP b. CONTINGENT MACOMB NEWSPAPER \$ 0.00 \$ 51.20 NET | | | | |
| | Total and enter on Line 10 | \$ | 0.00 | \$ | 206.56 |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). | \$ 2 | ,520.82 | \$ | 1,012.48 |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, | | | | 3,533.30 |
| | Part III. APPLICATION OF § 707(b)(7) EXCLUSION | N | | | |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result. | number 12 | 2 and \$ | | 42,399.60 |
| 14 | | | | | |
| | a. Enter debtor's state of residence: MI b. Enter debtor's household size: | 5 | \$ | | 80,390.00 |
| 15 | Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "Top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of the complete Part VIII. | | | s not | arise" at the |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

| 16 | Enter the amount from Line 1 | • | | | \$ |
|----|---|---|---|--|-------|
| | Marital adjustment. If you che Column B that was NOT paid of dependents. Specify in the lines spouse's tax liability or the spousement of income devoted to amount of income devoted to | a regular basis for the house below the basis for excludir e's support of persons other | sehold expenses of the debto ng the Column B income (such than the debtor or the debtor) | or or the debtor's ch as payment of the or's dependents) and the | he |
| 17 | not check box at Line 2.c, enter a. b. c. d. Total and enter on Line 17 | | s s s | a separate page. If you | ı did |

| 19A | www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | |
|-----|---|----|--|--|--|
| 19B | National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. | | | | |
| | Household members under 65 years of age Household members 65 years of age or older | | | | |
| | a1.Allowance per membera2.Allowance per memberb1.Number of membersb2.Number of members | | | | |
| | c1. Subtotal c2. Subtotal | \$ | | | |
| | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and | - | | | |
| 20A | Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). | \$ | | | |
| 20B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rental expense] [b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42] [c. Net mortgage/rental expense] [Subtract Line b from Line a.] Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities | | | | |
| 22A | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | |
| 22B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | \$ | | | |

| | Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) □ 1 □ 2 or more. | | | | |
|----|---|---|----------|--|--|
| 23 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. | | | | |
| | a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1 | \$ Subtract Line b from Line a. | \$ | | |
| 24 | Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lint the result in Line 24. Do not enter an amount less than zero. | 2. Complete this Line only if you checked EIRS Local Standards: Transportation court); enter in Line b the total of the Average | <u> </u> | | |
| | a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 | \$ Subtract Line b from Line a. | \$ | | |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, | | | | |
| 26 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll | | | | |
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. | | | | |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. | | | | |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. | | | | |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. | | | | |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by | | | | |
| 32 | Other Necessary Expenses: telecommunication services. Enter the actually pay for telecommunication services other than your basic hor pagers, call waiting, caller id, special long distance, or internet service welfare or that of your dependents. Do not include any amount previous | ne telephone and cell phone service - such as e - to the extent necessary for your health and | \$ | | |
| 33 | Total Expenses Allowed under IRS Standards. Enter the total of L | ines 19 through 32. | \$ | | |

5

| | | Subpart F | B: Additional Living Expense Deductions | | | |
|----|---|--|--|----|--|--|
| | | Note: Do not includ | le any expenses that you have listed in Lines 19-32 | | | |
| | | tegories set out in lines a-c below that | nd Health Savings Account Expenses. List the monthly expenses in are reasonably necessary for yourself, your spouse, or your | | | |
| 34 | a. | Health Insurance | \$ | | | |
| | b. | Disability Insurance | \$ | | | |
| | c. | Health Savings Account | \$ | \$ | | |
| | Total | and enter on Line 34. | | | | |
| | If you below | | nount, state your actual total average monthly expenditures in the space | | | |
| | \$ | | | | | |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. | | | | | |
| 36 | Prote actual other | \$ | | | | |
| 37 | Home Stand truste claim | \$ | | | | |
| 38 | claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | | | | | |
| 39 | Addit expen Stand or from reason | \$ | | | | |
| 40 | | | r the amount that you will continue to contribute in the form of cash or ation as defined in 26 U.S.C. § 170(c)(1)-(2). | \$ | | |
| 41 | Total | Additional Expense Deductions und | ler § 707(b). Enter the total of Lines 34 through 40 | \$ | | |

| | | S | ubpart C: Deductions for Del | bt Payment | | |
|----|--|----------------------------------|---|----------------------------|--|--------------------|
| 42 | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. | | | | | |
| | | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | |
| | a. | | | \$ | □yes □no | |
| | Othe | r navmants an sacurad claims. I | f any of dabts listed in Line 42 are see | Total: Add Lines | racidanca a | \$ |
| 43 | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount 3. | | | | | |
| 44 | prior | | ims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. | y 60, of all priority cl | | \$ |
| | | | If you are eligible to file a case under the amount in line b, and enter the res | | | |
| 45 | a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | |
| 46 | C. | Average monthly administration | | Total: Multiply Lin | es a and b | \$ |
| 40 | 10ta | · · | Enter the total of Lines 42 through 45 ubpart D: Total Deductions for | | | \$ |
| 47 | Tota | | r § 707(b)(2). Enter the total of Lines | | | \$ |
| 47 | 1014 | | | | TION | Þ |
| 48 | Ento | | TERMINATION OF § 707(b) rent monthly income for § 707(b)(2) | * * * | TION | |
| 49 | | | al of all deductions allowed under § | • | | \$ |
| 50 | | • | 707(b)(2). Subtract Line 49 from Line | | ılt. | \$ |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. | | | | | \$ |
| | Initia | al presumption determination. (| Check the applicable box and proceed a | as directed. | | |
| 52 | ☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of pastatement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. | | | | | ge 1 of this |
| 32 | | | s more than \$10,950 Check the box for in Part VIII. You may also complet | | | |
| | | he amount on Line 51 is at least | \$6,575, but not more than \$10,950. | Complete the remain | der of Part VI (Line | es 53 through 55). |
| 53 | Ente | r the amount of your total non-p | priority unsecured debt | | | \$ |
| 54 | Thre | shold debt payment amount. M | ultiply the amount in Line 53 by the nu | umber 0.25 and enter | the result. | \$ |

| | Secon | ndary presumption determination. Check the applicable | box and proceed as directed. | | | | | |
|----|----------------|---|---|------------------------------------|--|--|--|--|
| 55 | | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. | | | | | | |
| | | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. | | | | | | |
| | | Part VII. ADDITION | AL EXPENSE CLAIMS | | | | | |
| | you a 707(t | r Expenses. List and describe any monthly expenses, not and your family and that you contend should be an addition $D(2)(A)(ii)(I)$. If necessary, list additional sources on a sitem. Total the expenses. | nal deduction from your current monthly | income under § | | | | |
| 56 | | Expense Description | Mo | onthly Amount | | | | |
| | a. | | \$ | | | | | |
| | b. | | \$ | | | | | |
| | c. | | \$ | | | | | |
| | d. | m . 1 . A 1111 | \$ | | | | | |
| | <u> </u> | Total: Add Line | s a, b, c, and d \$ | | | | | |
| | | Part VIII. V | ERIFICATION | | | | | |
| 57 | | lare under penalty of perjury that the information provide sign.) Date: December 18, 2008 | d in this statement is true and correct. (If Signature: /s/ Thomas Ric Thomas Richa (Debte | hard Crooks, Jr. rd Crooks, Jr. | | | | |
| | | Date: December 18, 2008 | Signature /s/ Ann Marie Cro (Joint | | | | | |